

<h1 style="margin:0;">PARTNERSHIP</h1> <div style="background-color: black; color: white; padding: 2px; display: inline-block; font-weight: bold;">PROPERTY // MANAGEMENT</div>	<p><u>Company Equal Opportunity Policy</u></p> <p>It is the policy of the company to give all applicants for employment equal consideration without regard to race, sex, age, marital status, religion, national origin or non-job-related disability.</p>	
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Employee Application

Personal Information		SSN - -
Name		
First	Middle	Last +suffix (if any) Name you go by
Address		
City	State	Zip Code
Phone Number (home) () -	Phone Number (work) () -	
Phone Number (mobile) () -	Pager Number () -	
Today's date: / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Position Applied For <input type="checkbox"/> Site Manager <input type="checkbox"/> Maintenance Caretaker <input type="checkbox"/> Other _____
Email Address		
Are you available to work? <input type="checkbox"/> Full- Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Have you ever worked for Partnership Property Management before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Have you ever applied to work at this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can we contact your current or previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Who referred you to this Company?
Is there any obstacle, other than religious persuasion, to your performing work on Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No		On what date are you available to begin work?
Expected Salary: \$		Do you currently work for another property management company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any violation of law other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail:		Name of any relatives or friends employed by Company:

Military	
Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable
Number of years served _____	<input type="checkbox"/> Other _____

Education			
<u>School</u>	<u>Name and Location</u>	<u># of Years Attended</u>	<u>Did you Graduate?</u>
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Business school			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all degrees and/or certifications you currently hold			

Work History		
1.	Name of Present or Last Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:
2.	Name of Next Previous Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:
3.	Name of Next Previous Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:
4.	Name of Next Previous Employer:	Phone:
	Address:	Starting Date:
	Position:	Ending Date:
	Reason for Leaving:	Salary:

Maintenance Skills					Management Skills			
Please check one appropriate box beside each skill:								
Skill	No Knowledge	Some Knowledge	Proficient	Certified	Skill	No Knowledge	Some Knowledge	Proficient
Basic Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excel Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MS Word Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Filing Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Budget Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VCT Tile Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waxing Tile Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dealing With Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of any additional specialized training that you consider relevant:								

Employment Statement (Please read carefully and sign.)
<p>To be considered for employment, I agree to submit to a physical examination including drug screening. Random drug screening may also be required as a condition of continued employment. Findings at the time of the pre-employment physical will be utilized to determine suitability for employment. I also understand I must meet the medical requirements of the position for which I am being considered.</p> <p>I agree to conform to the rules and regulations of the Company and any revisions thereof.</p> <p>I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed; falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and authorize the references listed to give any and all information concerning any previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. The company is hereby authorized to obtain consumer reports about me.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without notice and with or without cause. I understand that this application is not and is not intended to be a contract or agreement of employment. Any contract or agreement to be binding upon the Company must be in writing and signed by a Corporate Official.</p> <p>It is understood that this application for employment will remain active for up to 90 days; after 90 days reapplication will be necessary.</p> <p>Signature of Applicant: _____ Date: _____</p>



NOTICE AND AUTHORIZATION OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

AS A CONDITION OF EMPLOYMENT WITH PARTNERSHIP PROPERTY MANAGEMENT A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES WHEN EVALUATING YOUR ELIGIBILITY FOR EMPLOYMENT, PROMOTION REASSIGNMENT, AND/OR RETENTION.

I, _____, HEREBY AUTHORIZE PARTNERSHIP PROPERTY MANAGEMENT TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON MYSELF FOR THE PURPOSE OF EVALUATING MY ELIGIBILITY FOR EMPLOYMENT, PROMOTION, REASSIGNMENT, AND/OR RETENTION WITH PARTNERSHIP PROPERTY MANAGEMENT.

I UNDERSTAND THAT SUCH REPORTS MAY INCLUDE INFORMATION BEARING UPON MY CREDIT WORTHINESS, CREDIT STANDING, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND/OR MODE OF LIVING. I FURTHER ACKNOWLEDGE THAT SUCH INFORMATION MAY BE OBTAINED THROUGH PERSONAL INTERVIEWS WITH ANY PERSON WHO HAS KNOWLEDGE OF SUCH INFORMATION.

I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST THE COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT PERFORMED.

I AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, GOVERNMENTAL AGENCY, COURT, COLLEGE, UNIVERSITY, SCHOOL DISTRICT OR OTHER EDUCATION INSTITUTION, LAW ENFORCEMENT OFFICE, AND ANY OTHER ENTITY HAVING CONTROL OR POSSESSION OF ANY INFORMATION PERTAINING TO ME OR MY BACKGROUND TO FURNISH SAME TO ANY REQUESTING PARTY COMPILING INFORMATION FOR THE PURPOSE INDICATED HEREIN.

Date: _____ Applicant's Signature: _____

Printed Name: _____ Social Security No.: _____ *

Address: _____ Date of Birth: _____ *

_____ Phone: _____

** Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation.*

PPM-HR-003
Rev. 08/2016



"This institution is an equal opportunity provider and employer."

**CORPORATE OFFICE | PO Box 26405, Greensboro, NC 27404-6405 p: 336 544-2300 f: 336 544-2301
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BRANCH OFFICE | 372 Depot Street, Suite 30, Asheville, NC 28801 p: 828 575-2323 f: 828 575-2320
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PARTNERSHIP PROPERTY MANAGEMENT
Drug & Alcohol Testing Policy



Consent and Release of Liability for Drug & Alcohol Testing

I _____, understand that as a condition of employment with PARTNERSHIP PROPERTY MANAGEMENT I may be required to submit a sample of my urine and/or hair for chemical analysis as outlined in the "Drug & Alcohol Testing Policy". I understand that the collection of this sample may or may not be collected by my employer and that the analysis will be conducted by a certified laboratory. The purpose of this analysis is to check for the presence of substances of abuse, including (but not limited to): amphetamines, barbiturates, cocaine, cannabinoids, metaqualone, Opiates, Phencyclidine (PCP), benzodiazepines, methadone, Propoxyphene, and alcohol. In the event that the above substances are not available to be tested, the panel of drug to be tested will be determined by the collection facility.

I hereby give permission for any certified laboratory to release the results of these tests to PARTNERSHIP PROPERTY MANAGEMENT. I consent freely and voluntarily to this request for urine and/or hair specimen. I hereby release PARTNERSHIP PROPERTY MANAGEMENT from any liability arising from this request to furnish urine and/or hair samples, the testing of the urine and/or hair samples and any decision made concerning my application for employment or ongoing employment which may be based in whole or in part upon the result of the test analysis. I also understand that if it is determined that the use of an illegal drug was the proximate cause of a workplace accident, that my Workers' Compensation claim may be denied.

I understand that the presence of any illegal drug/alcohol or abused controlled substances in my system may result in the denial of employment with PARTNERSHIP PROPERTY MANAGEMENT or the termination of that employment. Additionally, I understand that the presence of any controlled substance in my system will require that a Medical Review Officer at a certified laboratory review the results to ensure that I have a valid prescription for the substance, and that I am taking the medication as prescribed by my treating physician. I understand that if both of the latter two conditions are not met by the Medical Review Officer that it may result in the denial of employment with PARTNERSHIP PROPERTY MANAGEMENT or the termination of that employment. I further understand that employment with PARTNERSHIP PROPERTY MANAGEMENT may be conditioned upon my willingness to submit to and the results of periodic drug and/or alcohol testing required by the Company. Likewise, I understand that refusal to submit to or cooperate with any such testing may result in termination of my employment.

Date: _____

(Signature of Applicant/Employee)